



City
of
Milwaukee

EMPLOYMENT APPLICATION
for
NUTRITIONIST-WIC
Milwaukee Health Department-Family
Community Health Services

RETURN APPLICATION TO:
Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT. Please:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 2.
4. Keep a copy of completed application materials for your files.

<p>Name _____ Last First M.I.</p> <p>Address _____ Apt. # _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Email: _____</p> <p>Day phone: () - _____</p> <p>Evening phone: () - _____</p> <p>Cell phone: () - _____</p>	<p>Do you currently live in the city of Milwaukee?*</p> <p><input type="checkbox"/> Yes. When did you become a resident? (month/year) _____</p> <p><input type="checkbox"/> No</p> <p><i>*The City of Milwaukee's ability to continue enforcement of the residency requirement is currently in litigation. Please contact the Department of Employee Relations for specific questions regarding your situation.</i></p> <p>List any other names by which you have been known on official records: _____</p>				
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p> 					
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p> <table style="width: 100%;"><tr><td style="width: 50%;">TYPE</td><td style="width: 50%;">NUMBER (if any)</td></tr><tr><td> </td><td> </td></tr></table>		TYPE	NUMBER (if any)		
TYPE	NUMBER (if any)				
<p>OPEN RECORDS/PUBLIC INFORMATION</p> <p>The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.</p> <p>If you do not wish us to reveal your identity, please check the following box: <input type="checkbox"/></p>					
<p>Are you able to provide documentation that demonstrates that you are legally authorized to work in the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>There may be a possibility of employment with other organizations. If so, may we refer your name? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):</p> 					
<p>If you are CURRENTLY <input type="checkbox"/> or were PREVIOUSLY <input type="checkbox"/> employed by the City of Milwaukee, list the following:</p> <p>Position Title _____ Employee ID# _____</p> <p>Department _____ From (month/yr) to (month/yr) _____</p>					

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that residency in the City of Milwaukee within six months of appointment and throughout employment is required by City Charter 5-02*. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

*The City of Milwaukee's ability to continue enforcement of the residency requirement is currently in litigation. Please contact the Department of Employee Relations for specific questions regarding your situation.

SIGNATURE _____

DATE _____

CONDITIONS OF EMPLOYMENT:

- Employees assigned to the WIC Program will be expected to report to any of the City of Milwaukee WIC clinic locations as assigned. Assignments may be made on short notice to provide staff coverage during unexpected absences or emergency situations.
- All WIC personnel participate in a work schedule that includes early evening hours on assigned days. The current hours of work are as follows: Monday, Tuesday, Wednesday, and Friday from 8:00 a.m.-4:45 p.m. and Thursday from 10:30 a.m.-7:00 p.m.
- Travel outside the City of Milwaukee, which may include occasional overnight travel, may be required.

Are you willing and able to agree to these conditions of employment? ☐ YES ☐ NO

EDUCATION AND TRAINING**EDUCATION AND/OR TRAINING BEYOND HIGH SCHOOL**

- A. Do you hold a **Bachelor's Degree**? ☐ Yes ☐ No Date earned: _____
Major: _____ Minor: _____
Name and location of college or university: _____
- B. Do you hold a **Master's Degree**? ☐ Yes ☐ No Date earned: _____
Major: _____ Minor: _____
Name and location of college or university: _____
- C. If you answered "No" to **A & B**, above, have you earned some college credits? ☐ Yes ☐ No
Number of credits = _____ Dates attended: _____
Field of study: _____
Name and location of college or university: _____
- D. Please describe any other education, training or professional seminars you have successfully completed that may relate to this position. (*Be sure to include name of institution and dates.*)

NOTE: List professional certifications and licenses in the "Professional Experience" section of the application.

IMPORTANT NOTE: College transcripts are required and must be received within three business days after the application period closes. College transcripts may be either attached to the application, sent to staffinginfo@milwaukee.gov, or sent to Box NUT-WIC, Department of Employee Relations, City of Milwaukee, 200 E Wells St, Room 706, Milwaukee, WI 53202. Only applications with transcripts will be considered; applications without transcripts will be rejected.

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Treat each change of job title for the same organization as a separate entry. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed, please make additional copies of this page, or attach additional sheets.

[illegible][illegible]

[illegible][illegible]

[illegible]

PROFESSIONAL EXPERIENCE

A. Do you currently hold any licenses or certifications related to this position? ☐ Yes ☐ No

Registered Dietitian (RD) (Academy of Nutrition and Dietetics):	Valid dates: _____
Certified Dietitian (CD) (State of Wisconsin):	Valid dates: _____
Certified Lactation Educator (CLE) (CAPP):	Valid dates: _____
Certified Lactation Counselor (CLC) (ALPP):	Valid dates: _____
Other certification _____:	Valid dates: _____

B. Are you now, or have you been, a member of any professional organization(s) relating to this field?

☐ Yes ☐ No

Name of Organization:

Dates:

Office(s) held:

_____	/	_____
_____	/	_____

SUPPLEMENTAL QUESTIONS**INSTRUCTIONS:**

Your answers to these questions are considered to be an important part of your application, just like your education and work history. Your responses will assist in determining whether you meet the minimum qualifications for this position and may be used by evaluators as part of a comparative evaluation process. Therefore, it is critical that you take time to completely and thoughtfully answer these questions to the best of your ability. Questions that are not answered will be rated accordingly.

Your answers to these questions may be rated on the following:

- The level of knowledge, training, or experience you describe yourself as having for the subject matter covered by each question.
- How independently you are able to perform the job functions covered in the question.
- The relevance of examples you provide in illustrating your experience and knowledge of the subject matter covered by the questions.

Describe your specific experience as it relates to each of the following questions. For each answer, please identify the source of the experience. Be specific as to the scope of your duties, your training, the length of time you performed these duties, and the employer(s) for whom you were working. Attach additional pages if more space is needed.

1. Describe your experience providing 1A) client, 1B) nutrition, and 1C) administrative services, in particular for women, infants, and children.

1A) Experience providing client services, such as performing intake/registration, nutrition assessment, counseling, and referral:

1B) Experience providing nutrition services, such as developing and monitoring nutrition plans using the Nutrition Care Process (NCP) for documentation:

1C) Experience providing administrative services, such as ensuring compliance with regulations and participating in meetings:

2. Elaborate upon any training, presentation, and lead worker experience you may have:

3. Describe your experience using job-related equipment such as HemoCue® and Lead Care II® systems and lancets as well as using measuring equipment to weigh and measure both infants and adults.

4. Provide an example of your ability to be resilient while working in a very busy setting with clients who may be experiencing stress:

5. Computer applications: Assess your level of expertise with the following computer software applications, and indicate your level below. Add any other software packages that you use.

SFTWARE:	PROFICIENCY LEVEL (<i>None, Basic, Intermediate, or Advanced</i>):
Microsoft Word	
Microsoft Excel	
Microsoft Access	
Microsoft PowerPoint	
Internet	
ROSIE (Wisconsin WIC data system)	
Other: _____	
Other: _____	

6. Add anything else not covered above that you feel will add to your qualifications (*such as foreign language fluency, special skills, awards, or honors, publications, or job-related volunteer experience*):

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process? ☐ YES ☐ NO

If yes, what kind of accommodations will you need?

The City of Milwaukee reserves the right to request medical documentation to support the need for this accommodation.

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

MILITARY SERVICE

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

Documentation Required

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above? ☐ YES ☐ NO

SIGNATURE _____ DATE _____